



Medical Provider Report for ADA Accommodation

Name of Employee:

Employee's Work Address:

DOH Employee ID No.:

Division/CHD/CMS:

Name of Person Completing This Form:

ADA definition of a Qualified Individual with a Disability: "An individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires."

1. Does this individual currently have a physical or mental impairment? If yes, what is the diagnosis?

2. Does the impairment substantially limit one or more major life activities? (Major life activities are those that an average person can perform with little or no difficulty, such as walking, talking, hearing, seeing, thinking, concentrating, working with others, etc.)

3. The essential functions of this individual's current job include (see attached job duties and responsibilities).

4. Describe the nature, severity and anticipated duration of the impairment:

a. Temporary (explain):

b. Temporary but it would take longer than normal to heal (explain). What is the anticipated healing period?

c. Temporary with residual effects (explain):

d. Permanent

e. Chronic (explain):

5. If your response to questions 1 and 2 is that the employee has an impairment that substantially limits one or more major life functions, please describe how the impairment is mitigated and include information about the individual experiences in light of the use of medications and/or corrective measures.

6. How does the functional limitations listed impact the individual's ability to perform the essential functions identified?

7. If you answered "Yes" to question #1, are there any reasonable accommodations you would suggest that might enable the employee to perform the identified essential functions? If so, what suggestions do you have?

Doctor's Name: _____

Telephone Number: _____

Address: _____

Doctor's Signature: _____

Date Signed: _____